

HEWLETT-PACKARD COMPANY
Intellectual Property Administration
P.O. Box 272400
Fort Collins, Colorado 80527-2400

PATENT APPLICATION

ATTORNEY DOCKET NO. 200312473-1

Inventor(s): Helles et al.

Confirmation No.: 4783

Application No.: 10/828,736

Examiner: Lebron, Jannelle M.

Filing Date: 04/21/2004

Group Art Unit: 2861

Title: PRINthead ERROR COMPENSATION

Mail Stop Amendment
Commissioner For Patents
PO Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Transmitted herewith is/are the following in the above-identified application:

- ☒ Response/Amendment
☒ New fee as calculated below
☐ No additional fee
☐ Other

- ☐ Petition to extend time to respond
☐ Supplemental Declaration

Fee\$

| CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY | | | | | | |
|---|---|---|--|--|-------------|---------------------------|
| (1) FOR | (2) CLAIMS REMAINING AFTER AMENDMENT | (3) NUMBER EXTRA | (4) HIGHEST NUMBER PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | (6) RATE | (7) ADDITIONAL FEES |
| TOTAL CLAIMS | 45 | MINUS | 43 | = 2 | X \$50 | \$ 100 |
| INDEP. CLAIMS | 9 | MINUS | 7 | = 2 | X \$200 | \$ 400 |
| <input type="checkbox"/> FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM | | | | | + \$360 | \$ 0 |
| EXTENSION FEE | <input type="checkbox"/> 1st Month \$120 | <input type="checkbox"/> 2nd Month \$450 | <input type="checkbox"/> 3rd Month \$1020 | <input type="checkbox"/> 4th Month \$1590 | | \$ 0 |
| OTHER FEES | | | | | | \$ |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$ 500 |

Charge \$ 500 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

I hereby certify that this paper is being
transmitted to the Patent and Trademark Office
facsimile number (571) 273-8300.
Date of facsimile:

Typed Name: Todd A. Rathe

Signature: _____

Respectfully submitted,

Helles et al.

By



Todd A. Rathe

Attorney/Agent for Applicant(s)

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Date: 08/30/2007

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